

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC COVER SHEET PG 1

The C/OH-UC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission file)

2 CANDIDATE /
OFFICEHOLDER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ORLANDO

SANCHEZ

3 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 130853

Houston, TX 77219-0853

☒ Change of Address

4 REPORT TYPE

☒ Annual☐ Final Disposition

5 PERIOD COVERED

Month Day Year

Month Day Year

12/2/05

THROUGH

12/31/05

6 TOTALS

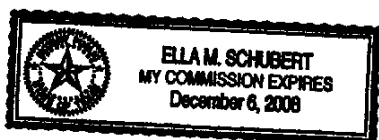
1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF
DEC. 31 OF THE PREVIOUS YEAR.

\$ 177.04

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON
UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS
YEAR.

\$ 0

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orlando Sanchez, this the 16th day of January, 20 06, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES****FORM C/OH-UC****PG 2**

8 C/OH NAME		9 ACCOUNT # (Ethics Commission filers)
10 Date	11 Payee name 12 Payee address; City; State; Zip Code	13 Amount (\$)
14 Purpose of expenditure		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

